



AFFIDAVIT FOR LOST OR NOT RECEIVED WARRANT

State Form 45735 (R3 / 1-99) / FM 0007

Approved by the State Board of Accounts 1998

Approved by the Auditor of State 1998

Name	Case / Cat / Seq.	
Benefit amount	Benefit date	
Warrant number	Account number: _____ 501 - ICES Division of Family and Children	County name

I am requesting a rewrite of the above warrant. (check one box)

☐ I have not received this warrant.

☐ I have received this warrant but it was lost, stolen, or destroyed. This happened as follows:

Signature of requestor	Date subscribed and sworn to Notary Public
Printed or typed name of requestor	

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT PAYMENT ON THIS WARRANT WILL BE STOPPED, AND I MAY NOT CASH THIS WARRANT IF IT IS RECEIVED. IF I RECEIVE THIS WARRANT, I WILL RETURN IT TO THE DIVISION OF FAMILY AND CHILDREN.

STATE OF _____ }
COUNTY OF _____ } SS:

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____ day
of _____, _____ Year.

Signature of Notary Public	County of residence
Printed or typed name of Notary Public	Date commission expires